



Funeral Escort Service registration

17101 West 87th St Pkwy, Lenexa, KS 66219
 Tel (913) 477-7725 Fax (913) 477-7730
 www.lenexa.com

Business Name: _____

Business Address: _____

Business Phone: _____ **Email:** _____

Registration(s) to be issued to:

- an **Individual** (complete information below)

Full Name	Residential Street # and Name	City	State	Zip

- a **Partnership** (complete below for each partner)

Full Name	Residential Street # and Name	City	State	Zip

- a **Corporation or Association**

Date and Place of Incorporation _____

(Complete below for each officer, shareholder or member of such corporation or association. Attach additional page if necessary.)

Full Name	Office/ Position	Residential Street # and Name	City	State	Zip

an LLC (Complete below for each member. Attach additional page if necessary.)

Full Name	Residential Street # and Name	City	State	Zip

Number and Type of Funeral Escort Vehicles proposed to be used by the Applicant:

(Attach additional page if necessary.)

Type of Vehicle:	Number of this type of Vehicles:

I hereby swear or affirm that the information provided on this application, and any other documentation provided to the City in support of this application, is true and correct to the best of my knowledge and belief. I also swear or affirm that I have read the funeral procession ordinance found in Section 3-8-B-6 of the Lenexa City Code and understand the applicable regulations.

Applicant Printed Name

Applicant Signature

Date

FOR OFFICE USE ONLY:

Insurance Certificate on file

Registration # _____

Registration expires December 31, _____